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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

|                        |                                |
|------------------------|--------------------------------|
| Application Number     |                                |
| Filing Date            | June 29, 2005                  |
| First Named Inventor   | Mark Tawa                      |
| Title                  | Pharmaceutical Compositions... |
| Art Unit               |                                |
| Examiner Name          |                                |
| Attorney Docket Number | TPIP017D/WO US                 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34846

OR

☐ Practitioner(s) named below:

| Name | Registration Number |
|------|---------------------|
|      |                     |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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OR

☐ The address associated with Customer Number:

OR

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

Signature

*Mark Tawa*

Date

6/24/05

Name

Mark Tawa

Telephone

Title and Company

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 7 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

|                   |   |           |         |
|-------------------|---|-----------|---------|
| Signature         |  | Date      | 6/24/05 |
| Name              | Julius Remenar  | Telephone |         |
| Title and Company |   |           |         |

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OR

☐ The address associated with Customer Number:

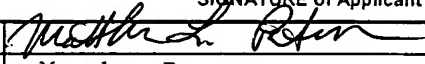
OR

|  |       |     |       |
|--|-------|-----|-------|
| <input type="checkbox"/> Firm or Individual Name |       |     |       |
| Address  |       |     |       |
| City   | State | Zip |       |
| Country  |       |     |       |
| Telephone  |       |     | Email |

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## SIGNATURE of Applicant or Assignee of Record

|                   |   |           |              |
|-------------------|---|-----------|--------------|
| Signature         |  | Date      | 24 June 2005 |
| Name              | Matthew Peterson  | Telephone |              |
| Title and Company |   |           |              |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 7 forms are submitted.

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| First Named Inventor   | Mark Tawa                      |
| Title                  | Pharmaceutical Compositions... |
| Art Unit               |                                |
| Examiner Name          |                                |
| Attorney Docket Number | TPIP017D/WO US                 |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

34846

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SIGNATURE of Applicant or Assignee of Record

Signature

Date 28 June 05

Name

Orn Almarsson

Telephone

Title and Company

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## SIGNATURE of Applicant or Assignee of Record

|                   |  |           |              |
|-------------------|--|-----------|--------------|
| Signature         |  | Date      | 6/27/05      |
| Name              | Hector Guzmán                            | Telephone | 617-875-7488 |
| Title and Company | Sr. Scientist, Transform Pharmaceuticals |           |              |

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## SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Hongming Chen

Telephone

Title and Company

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## SIGNATURE of Applicant or Assignee of Record

Signature

Date 6/29/05

Name

Mark Oliveira

Telephone 202-254-7481

Title and Company

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**



Declaration  
Submitted  
With Initial  
Filing

OR



Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket  
Number

TPIP017D/WO US

First Named Inventor

Mark Tawa

COMPLETE IF KNOWN

Application Number

Filing Date

June 29, 2005

Art Unit

Examiner Name

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHARMACEUTICAL COMPOSITIONS WITH IMPROVED DISSOLUTION

*(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application<br>Number(s) | Country | Foreign Filing Date<br>(MM/DD/YYYY) | Priority<br>Not Claimed  | Certified Copy Attached? |                          |
|--|---------|-------------------------------------|--------------------------|--------------------------|--------------------------|
|  |         |                                     |                          | YES                      | NO                       |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  |         |                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☒ The address associated with Customer Number: 34846 OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Email

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Mark

Tawa

Inventor's Signature

*Mark Tawa*

Date

6/24/05

Residence: City

State

Country

Citizenship

West Roxbury

MA

USA

US

Mailing Address

16 Carol Circle

City

State

Zip

Country

West Roxbury

MA

02132

USA

**NAME OF SECOND INVENTOR:**

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Julius

Remenar

Inventor's Signature

Date

Residence: City

State

Country

Citizenship

Framingham

MA

USA

US

Mailing Address

9 Eaton Road

City

State

Zip

Country

Framingham

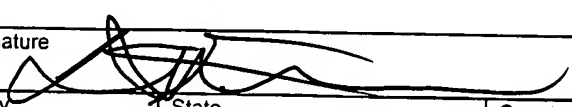

MA

01701

USA

Additional inventors or a legal representative are being named on the 26 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

### DECLARATION — Utility or Design Patent Application

|   |       |  |   |       |   |
|---|-------|--|---|-------|---|
| Direct all correspondence to:   |       | <input checked="" type="checkbox"/> The address associated with Customer Number: | 34846   | OR    | <input type="checkbox"/> Correspondence address below |
| Name  |       |  |   |       |   |
| Address   |       |  |   |       |   |
| City  |       | State  |   | ZIP   |   |
| Country   |       | Telephone  |   | Email |   |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |       |  |   |       |   |
| NAME OF SOLE OR FIRST INVENTOR:   |       |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |   |
| Given Name (first and middle [if any])  |       |  | Family Name or Surname  |       |   |
| Mark  |       |  | Tawa  |       |   |
| Inventor's Signature  |       |  |   |       | Date  |
| Residence: City   | State | Country  | Citizenship   |       |   |
| West Roxbury  | MA    | USA  | US  |       |   |
| Mailing Address   |       |  |   |       |   |
| 16 Carol Circle   |       |  |   |       |   |
| City  | State | Zip  | Country   |       |   |
| West Roxbury  | MA    | 02132  | USA   |       |   |
| NAME OF SECOND INVENTOR:  |       |  | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |   |
| Given Name (first and middle [if any])  |       |  | Family Name or Surname  |       |   |
| Julius  |       |  | Remenar   |       |   |
| Inventor's Signature  |       |  |   |       | Date  |
|    |       |  |   |       | 6/24/05   |
| Residence: City   | State | Country  | Citizenship   |       |   |
| Framingham  | MA    | USA  | US  |       |   |
| Mailing Address   |       |  |   |       |   |
| 9 Eaton Road  |       |  |   |       |   |
| City  | State | Zip  | Country   |       |   |
| Framingham  | MA    | 01701  | USA   |       |   |
| <input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the  supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.   |       |  |   |       |   |

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| <b>DECLARATION</b> | <b>ADDITIONAL INVENTOR(S)</b><br>Supplemental Sheet <div style="text-align: right;">Page <u>4</u> of <u>8</u></div> |
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|   |             |   |                        |
|---|-------------|---|------------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))            |             | Family Name or Surname  |                        |
| Matthew   |             | Peterson  |                        |
| Inventor's Signature                              |             | Date <u>24-JUNE-2007</u>  |                        |
| Hopkinton<br>Residence: City                      | MA<br>State | USA<br>Country  | US<br>Citizenship      |
| 25 Downey Street<br>Mailing Address               |             |   |                        |
| Hopkinton<br>City                                 | MA<br>State | 01748<br>Zip  | USA<br>Country         |
| <b>Name of Additional Joint Inventor, if any:</b> |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))            |             | Family Name or Surname  |                        |
| Orn   |             | Almarsson   |                        |
| Inventor's Signature                              |             | Date  |                        |
| Shrewsbury<br>Residence: City                     | MA<br>State | USA<br>Country  | Iceland<br>Citizenship |
| 22 Farmington Drive<br>Mailing Address            |             |   |                        |
| Shrewsbury<br>City                                | MA<br>State | 01545<br>Zip  | USA<br>Country         |
| <b>Name of Additional Joint Inventor, if any:</b> |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))            |             | Family Name or Surname  |                        |
| Hector  |             | Guzman  |                        |
| Inventor's Signature                              |             | Date  |                        |
| Jamaica Plain<br>Residence: City                  | MA<br>State | USA<br>Country  | US<br>Citizenship      |
| 47 Wyman Street<br>Mailing Address                |             |   |                        |
| Jamaica Plain<br>City                             | MA<br>State | 02130<br>Zip  | USA<br>Country         |

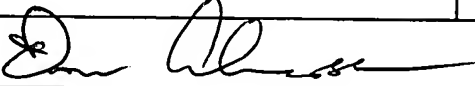
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**DECLARATION****ADDITIONAL INVENTOR(S)**

Supplemental Sheet


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|   |             |   |                        |
|---|-------------|---|------------------------|
| <b>Name of Additional Joint Inventor, if any:</b>   |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))  |             | Family Name or Surname  |                        |
| Matthew   |             | Peterson  |                        |
| Inventor's Signature  |             | Date  |                        |
| Hopkinton<br>Residence: City  | MA<br>State | USA<br>Country  | US<br>Citizenship      |
| 25 Downey Street<br>Mailing Address   |             |   |                        |
| Hopkinton<br>City   | MA<br>State | 01748<br>Zip  | USA<br>Country         |
| <b>Name of Additional Joint Inventor, if any:</b>   |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))  |             | Family Name or Surname  |                        |
| Orn   |             | Almarsson   |                        |
| Inventor's Signature  |             | Date 28 June 05   |                        |
| Shrewsbury<br>Residence: City   | MA<br>State | USA<br>Country  | Iceland<br>Citizenship |
| 22 Farmington Drive<br>Mailing Address  |             |   |                        |
| Shrewsbury<br>City  | MA<br>State | 01545<br>Zip  | USA<br>Country         |
| <b>Name of Additional Joint Inventor, if any:</b>   |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))  |             | Family Name or Surname  |                        |
| Hector  |             | Guzman  |                        |
| Inventor's Signature  |             | Date  |                        |
| Jamaica Plain<br>Residence: City  | MA<br>State | USA<br>Country  | US<br>Citizenship      |
| 47 Wyman Street<br>Mailing Address  |             |   |                        |
| Jamaica Plain<br>City   | MA<br>State | 02130<br>Zip  | USA<br>Country         |

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
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|  |             |   |                        |
|--|-------------|---|------------------------|
| <b>Name of Additional Joint Inventor, if any:</b>  |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                        |
| Given Name (first and middle (if any))   |             | Family Name or Surname  |                        |
| Matthew  |             | Peterson  |                        |
| Inventor's Signature   |             | Date  |                        |
| Hopkinton<br>Residence: City   | MA<br>State | USA<br>Country  | US<br>Citizenship      |
| 25 Downey Street<br>Mailing Address  |             |   |                        |
| Hopkinton<br>City  | MA<br>State | 01748<br>Zip  | USA<br>Country         |
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| Given Name (first and middle (if any))   |             | Family Name or Surname  |                        |
| Orn  |             | Almarsson   |                        |
| Inventor's Signature   |             | Date  |                        |
| Shrewsbury<br>Residence: City  | MA<br>State | USA<br>Country  | Iceland<br>Citizenship |
| 22 Farmington Drive<br>Mailing Address   |             |   |                        |
| Shrewsbury<br>City   | MA<br>State | 01545<br>Zip  | USA<br>Country         |
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| Given Name (first and middle (if any))   |             | Family Name or Surname  |                        |
| Hector   |             | Guzman  |                        |
| Inventor's Signature  |             | Date <u>6/29/05</u>   |                        |
| Jamaica Plain<br>Residence: City   | MA<br>State | USA<br>Country  | US<br>Citizenship      |
| 47 Wyman Street<br>Mailing Address   |             |   |                        |
| Jamaica Plain<br>City  | MA<br>State | 02130<br>Zip  | USA<br>Country         |

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| <b>DECLARATION</b> | <b>ADDITIONAL INVENTOR(S)</b><br>Supplemental Sheet <div style="text-align: right;">Page <u>7</u> of <u>8</u></div> |
|--------------------|---|


|   |             |   |                   |
|---|-------------|---|-------------------|
| <b>Name of Additional Joint Inventor, if any:</b> |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |             | Family Name or Surname  |                   |
| Hongming  |             | Chen  |                   |
| Inventor's Signature                              |             | Date <u>6/27/05</u>   |                   |
| Acton<br>Residence: City                          | MA<br>State | USA<br>Country  | US<br>Citizenship |
| 8 Sawmill Road<br>Mailing Address                 |             |   |                   |
| Acton<br>City                                     | MA<br>State | 01720<br>Zip  | USA<br>Country    |
| <b>Name of Additional Joint Inventor, if any:</b> |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |             | Family Name or Surname  |                   |
| Mark  |             | Oliveira  |                   |
| Inventor's Signature                              |             | Date  |                   |
| Framingham<br>Residence: City                     | MA<br>State | USA<br>Country  | US<br>Citizenship |
| 67 Nicholas Road, Apt. J<br>Mailing Address       |             |   |                   |
| Framingham<br>City                                | MA<br>State | 01702<br>Zip  | USA<br>Country    |
| <b>Name of Additional Joint Inventor, if any:</b> |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                   |
| Given Name (first and middle (if any))            |             | Family Name or Surname  |                   |
|   |             |   |                   |
| Inventor's Signature                              |             | Date  |                   |
| Residence: City                                   | State       | Country   | Citizenship       |
| Mailing Address                                   |             |   |                   |
| City  | State       | Zip   | Country           |

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| Given Name (first and middle (if any))  |             | Family Name or Surname  |                     |
| Hongming  |             | Chen  |                     |
| Inventor's Signature  |             |   | Date                |
| Acton<br>Residence: City  | MA<br>State | USA<br>Country  | US<br>Citizenship   |
| 8 Sawmill Road<br>Mailing Address   |             |   |                     |
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| <b>Name of Additional Joint Inventor, if any:</b>   |             | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                     |
| Given Name (first and middle (if any))  |             | Family Name or Surname  |                     |
| Mark  |             | Oliveira  |                     |
| Inventor's Signature  |             |   | Date <u>6/29/05</u> |
| Framingham<br>Residence: City   | MA<br>State | USA<br>Country  | US<br>Citizenship   |
| <del>67</del> 69 Nicholas Road, Apt. J<br>Mailing Address   |             |   |                     |
| Framingham<br>City  | MA<br>State | 01702<br>Zip  | USA<br>Country      |
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